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Request For Information (RFI) Contact Person:

Jamey Schultz
 Contracts and Purchasing Section
 701 E. Jefferson, MD5700
 Phoenix, Arizona 85034

Telephone: (602) 417-4629
 Telefax: (602) 417-5957
 E-mail: Jamey.Schultz@azahcccs.gov
 Issue Date: 8/15/2011

LOCATION: **ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION (AHCCCS)**
 Contracts and Purchasing Section (First Floor)
 701 E. Jefferson, MD5700
 Phoenix, Arizona 85034

DESCRIPTION: **Health Insurance Exchange: Commercial Component/Interface**

**INFORMATION DUE
DATE:**

9/06/2011

AT 3:00 P.M., MST


The RFI response must be in the actual possession of AHCCCS on or prior to the time and date and at the location indicated above. **Late responses may not be considered.**

The RFI response must be submitted in a sealed envelope or package with the Request number and the offeror's name and address clearly indicated on the envelope or package. All RFI responses must be typewritten. Additional instructions for preparing the RFI response are included in this request.

Offerors must realize that no Contract will result from your response to this request. Responding to this Request for Information (RFI) will not prohibit the offeror from responding to other procurements.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting AHCCCS. Requests should be made as early as possible to allow time to arrange the accommodation. A person requiring special accommodations may contact the person responsible for this request as identified above.

OFFERORS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFI.

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1. BACKGROUND


In March 2010, the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 were signed into law. The two laws are collectively referred to as the Affordable Care Act ("ACA") (<http://www.healthcare.gov/law/about/index.html>).

The ACA requires the creation of a Health Insurance Exchange ("Exchange") in each state, either by the state or by the federal government, and would perform a variety of functions, including offering residents of each state the means to compare information on available health benefit plans, enroll in plans, and receive subsidies if eligible. In addition, the Exchange (or an entity on behalf of the Exchange) will certify "qualified health plans" to be offered on the Exchange, rate those plans based on quality, maintain a website and toll-free number, provide a calculator for consumers to determine the amount of their premium after subsidies have been calculated, coordinate with the Medicaid Division regarding eligibility and enrollment into Medicaid and the Children's Health Insurance Program (CHIP), identify individuals exempt from the federal insurance mandate, require participating plans to justify rate increases, and contract for Navigators to provide public education and facilitate enrollment. Either as part of the Exchange for individuals or as a separate Exchange, small businesses will have the opportunity to assist their employees in enrolling in health plans offered on the Exchange.

The State of Arizona anticipates leveraging its existing technology infrastructure for Medicaid (AHCCCS) and the Children's Health Insurance Program (KidsCare in Arizona) to build those components of the Exchange related to screening, applications and eligibility determinations for Medicaid, CHIP and potentially the subsidy program. Arizona currently receives approximately 40% of all Medicaid and CHIP applications through Health-e-Arizona, our web based screening and application tool for Medicaid, CHIP, Supplemental Nutritional Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF). Approximately 50% of renewals for coverage come through Health-e-Arizona. For more information regarding Health-e-Arizona refer to www.healthearizona.org.

2. PURPOSE

The State of Arizona is interested in gathering information and learning more about Health Insurance Exchange (Exchange) systems that are capable of integrating with the existing eligibility infrastructure and providing other required components of the Exchange for a seamless and transparent product. The purpose of this RFI is to identify viable available or proposed solutions as well as estimated pricing, requirements, and ideas that best fit the state of Arizona. This RFI requests responses from potential contractors in accordance with the scope of work and specifications contained in this document. Neither the RFI nor any response submitted hereto are to be construed as a legal offer. The State of Arizona will utilize the information gathered during the RFI process as the basis for finalizing the design concept and drafting the RFP.

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3. SCOPE OF WORK

Responses should address the following as they relate to the proposed development of a Health Insurance Exchange solution that will integrate with the existing eligibility infrastructure and provide other required components of the Exchange for a seamless and transparent product:

3.1 Executive Summary and Questionnaire


- 3.1.1 Provide an executive summary that includes an overview of your solution, and highlights what makes your solution unique and best suited to the state of Arizona's needs. Your response should confirm that your solution is intended to be compliant with the Affordable Care Act (ACA), subsequent rules and proposed regulations. (The recently released proposed regulations relevant to this RFI are summarized in Attachment B.)
- 3.1.2 Complete the Questionnaire in Attachment C to provide more information about the capabilities and operational details of your solution. Please note that you only need to respond to questions that are relevant to the solution you are proposing. Since we are still contemplating the design concept for the Exchange, a response that only focuses on some elements of the design is acceptable.

3.2 General Technical Requirements

- 3.2.1 Describe and/or provide a visual representation of your proposed solution and the various workflows and how each component of your proposed solution is utilized throughout the workflow.
- 3.2.2 Discuss the nature of your proposed solution from an intellectual property perspective. Do you retain all rights to all source code and enhancements? Please discuss how your source code is maintained and secured.
- 3.2.3 Describe the hardware, software, operating systems, and database requirements that your proposed solution requires from data user, data provider, and system administrator perspectives.
- 3.2.4 Define how your solution interfaces to existing source systems and web portals. List which data types your solution can handle and which data standard formats you would support. Include how information can be captured as well as disseminated from your solution.

3.3 Integration

- 3.3.1 Describe the Application Programming Interfaces (APIs), Software Development Kits (SDKs) or other tools available for third-parties to extend the functionality offered by your solution as well as the ability for users or administrators to create and modify forms, menus, rules and reports.

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- 3.3.2 Describe how the solution will have complete integration including integration of process flow and information with such business partners as Navigators, health plans, small businesses, producers, employers, and others.
- 3.3.3 Solution should apply a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces, and the separation of business rules from core programming, available in both human and machine-readable formats.
- 3.3.4 Arizona would like to see solutions that have key modules including but not limited to premium tax credits administration and cost-sharing assistance administration. It should ensure seamless coordination between Medicaid, CHIP, the Arizona Department of Insurance, and the Exchange, and allow interoperability with health information exchanges, public health agencies, human services programs and community organizations providing outreach and enrollment assistance services.
- 3.3.5 Describe how the solution will work to avoid duplication of costs, processes, data and effort between state agencies.

3.4 Implementation


- 3.4.1 Attach a sample project plan that includes typical project tasks, milestones, estimated timelines, and required resources (indicate if task is typically staffed with respondent supplied implementation team, client team, or third party resources). Reference management procedures and tools used to track implementation timelines, manage and resolve issues, and maintain project documentation. Indicate implementation services that are typically included and those that can be purchased on a fee basis.
- 3.4.2 Describe the recommended technical and end user training/education including documentation, approaches, modules offered, and services that would be offered.
- 3.4.3 Future State Business Process Models - define the future state business process models that will include associated flow charts/diagrams, process narratives, and definitions of integrations and cross-operations required with existing and newly identified State and Federal agencies.

3.5 Maintainability

- 3.5.1 Describe the level of support and maintenance required for your proposed solution. Include your description of the types of services required to keep the solution operational, hours of operation for support, support contact methods, response times, whether support is outsourced, and any other information that may be valuable to the State.


3.6 Financial/Total Cost of Ownership

- 3.6.1 Provide complete operational and implementation cost details. Information should be provided on the costs associated with any tool or technology and the operational costs. Specify if the solution must be purchased versus rented.

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3.6.2 Provide, to the extent possible, an estimated cost model to purchase, implement, and operate your described solution including unit costs based on key variables such as data users, source systems, interfaces, and the pricing scales based on those key variables.

3.6.2.1 Respondents must clearly state all assumptions underlying your pricing responses (i.e., charge basis, charge variances and sensitivities, etc.).

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4. RESPONSE PROCEDURES

- 4.1 Submit the original plus 10 hard copies and three (3) CDs of the narrative response and Attachment C. The language of the narrative should be straightforward and limited to facts, projected solutions and plans of proposed action.

The narrative response must be no more than 20 typed pages using 12 point or larger with borders no less than ½ inch. The 20 pages are in addition to the completion of Attachment C.


- 4.2 Submit a completed Attachment A, Offeror's Information, which includes contact information, including name, title, mailing address, email address, authorized signature, and phone number of the contact person for questions relating to the RFI.
- 4.3 Submit a completed Attachment C.
- 4.4 Please submit your written response no later than **3:00 p.m., MST, September 6, 2011.**
- 4.5 Deliver the **written response** or send it by mail to:

Jamey Schultz
 AHCCCS Contracts and Purchasing
 701 E. Jefferson St., MD
 Phoenix, AZ 85034

- 4.6 **In addition to the written submission, vendors must schedule a 90-minute demonstration** (includes time for questions) to present information and display product capability. Arizona is interested in vendor presentations that highlight the unique characteristics of the proposed solutions. Vendors should also be prepared to answer questions related to the written proposal and questionnaire.

Vendors are directed to contact Deloras Phillips at (602) 417-4240, no **later than September 6, 2011, 3:00 p.m., MST**, to schedule their presentation. Vendors must provide their own laptop and wireless connectivity if access to the internet is needed. The optimal resolution display parameter for the projector is 1024 x 768.

- 4.7 **Confidential Information:** If a respondent believes that portions of its RFI response should remain confidential, the respondent shall clearly identify those portions of its response it wishes to maintain as confidential and include a statement detailing the reasons why the information should not be disclosed. Such reasons shall describe the specific harm or prejudice that may arise. Contracts personnel shall determine whether the identified information should remain confidential.
- 4.8 **Reimbursement:** The AHCCCS Administration will not reimburse any respondent for the cost of preparing and submitting a response to the RFI.

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4.9 **Conclusion:** This RFI is a request for additional information from the vendor community. Unless existing contracts are already in place, AHCCCS would need to pursue formal procurement prior to selection of any new product or tool.



Attachment A – Offeror’s Contact Information

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AHCCCS

Arizona Health Care Cost Containment
System

701 East Jefferson, MD 5700

Phoenix, Arizona 85034

Arizona Transaction (Sales) Privilege Tax License No.:

Federal Employer Identification No.:

E-Mail Address:

For clarification of this offer, contact:

Name:

Phone:

Fax:

Company Name

Address

City


State

Zip

Signature of Person Authorized to Sign Offer

Printed Name


Title

	Attachment B – Regulatory Requirements		AHCCCS Arizona Health Care Cost Containment System 701 East Jefferson, MD 5700 Phoenix, Arizona 85034
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Regulatory requirements and standards were issued on July 15th in the Federal Register, <http://www.gpo.gov/fdsys/pkg/FR-2011-07-15/pdf/2011-17610.pdf>.

The Proposed Rule addresses Establishment of Exchanges and Qualified Health Plans, and Risk Adjustment, Reinsurance, and Risk Pool program requirements. Vendors should incorporate the requirements of the proposed regulations into their responses to this RFI. A list of requirements in the regulations that are relevant to this RFI is included below:

- Program Integration/General Exchange Operation
 - Payment of premiums
 - Segregation of funds
 - Privacy and security of information
 - Electronic transactions
 - Integration with eligibility determination and enrollment functions for Exchange, Medicaid, CHIP and subsidy programs *[Eligibility/enrollment to be provided by separate vendor]*
 - Single streamlined application
 - Termination of coverage
 - Transition from program to program (e.g., Medicaid to subsidy or Small Business Health Options Programs (SHOP) to Medicaid)
 - QHP enrollment/termination requirements for individual and SHOP enrollees
 - Advance determination and payment of premium tax credits and cost-sharing reduction
 - Integration with other Exchange functions as necessary, including without limitation call center and website operations
 - Collecting/reporting/transmitting risk adjustment data
- Assistance to Small Businesses and Consumers
 - Call center development and operation
 - Navigator and producer participation
 - Notices
 - Website
 - Exchange calculator
 - Consumer Assistance
 - Outreach and education
 - Rate and benefit information. including rates, benefits and cost sharing
- Plan Management
 - (Qualified Health Plan) QHP certification/recertification/decertification process
 - Assess initial and ongoing compliance with “participation standards” under subpart C “Minimum Certification Standards”
 - Procedures
 - Timelines
 - Ongoing compliance

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- Rate and benefit information. including rates, benefits and cost sharing
- Service area compliance
 - Stand-alone dental plans
 - Accreditation
- Monitoring network adequacy and network membership.
- Notices
- Publicity/marketing/advertising materials – non-discriminatory and complies with state law
- Quality improvement, including QI process, enrollee satisfaction, health care quality and outcomes, disclosures and data reporting
- Service area monitoring
- Transparency/disclosure/prescription drug reporting
- Collecting/reporting/transmitting risk adjustment data

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